## South Dakota Medical Assistance Administrative Rule of South Dakota

## 67:16:31:02. Organ transplants covered.

- (2) Bone marrow transplants which have had prior authorization;
- **67:16:31:07. Expenses for transplant donors**. Covered medical expenses for transplant donors are limited to the donor's hospitalization, physician, and laboratory fees.
- **67:16:31:11. Utilization review.** Utilization review for organ transplants may be conducted on the following levels:
- (1) Computerized claims processing; (2) Postpayment review; and (3) Peer review.
- **67:16:01:06.02.** Covered services must be medically necessary. Services covered under this article must be medically necessary. To be medically necessary, the covered service must meet the following conditions:
- (1) It is consistent with the recipient's symptoms, diagnosis, condition, or injury;
- (2) It is recognized as the prevailing standard and is consistent with generally accepted professional medical standards of the provider's peer group;
- (3) It is provided in response to a life-threatening condition; to treat pain, injury, illness, or infection; to treat a condition that could result in physical or mental disability; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition;
- (4) It is not furnished primarily for the convenience of the recipient or the provider; and
- (5) There is no other equally effective course of treatment available or suitable for the recipient requesting the service which is more conservative or substantially less costly.

## 67:16:01:08. Services not covered.

- (1) Services determined by the state medical consultant or peer reviews to be not medically necessary;
- (27) Services, procedures, or drugs which are considered experimental by the United States Department of Health and Human Services or another federal agency; See Medicare coverage policy.
- **67:16:35:13. Denied claims**. The department may deny a claim for any of the following reasons:
- (1) The service claimed was not medically necessary:
- (8) The service is considered experimental;
- (11) The service is incidental to or an integral part of an allowable service.
- **67:16:31:12. Application of other chapters**. In addition to the rules contained in this chapter, providers and recipients must meet the requirements of chapters 67:16:01, 67:16:26, 67:16:33, 67:16:34, and 67:16:35.
- **42 CFR 482.11 Condition of participation:** Compliance with Federal, State and local laws. (a) The hospital must be in compliance with applicable Federal laws related to the health and safety of patients.